Application Data Sheet

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DEFECT REPAIR METHOD, IN PARTICULAR
	FOR REPAIRING QUARTZ DEFECTS ON
	ALTERNATING PHASE SHIFT MASKS
Attorney Docket Number::	006410.00003
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMAN

Status:: Full Capacity

Given Name:: Ralf

Middle Name::

Family Name:: Ludwig

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Akazienstr. 3

City of mailing address:: München

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 81547

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMAN

Status:: Full Capacity

Given Name:: Martin

Middle Name::

Family Name:: Verbeek

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Luderitzstr. 6

City of mailing address:	City	of i	mailing	address:	:
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München

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address:: 81929

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number::

22907

Representative Information

Representative Customer Number::

22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

This Application		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Germany	102 44 399.8	09/24/02	YES

Assignee Information

Assignee name:: Infineon Technologies AG

Street of mailing address:: St.-Martin-Str. 53

City of mailing address:: Munich

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 81669